

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 594000

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/				51					
2		/	/	/				52					
3		/	/	/				53					
4		/	/	/				54					
5		/	/	/				55					
6		5	/	/				56					
7		5	/	/				57					
8		1	/	/				58					
9		1	/	/				59					
10		1	/	/				60					
11		1	/	/				61					
12		1	/	/				62					
13		1	/	/				63					
14		1	/	/				64					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	3		3					TOTAL IND.					
TOTAL DEP.	19	←	14	←		←		TOTAL DEP.					
TOTAL CLAIMS	22		17					TOTAL CLAIMS					